

RELEASED IN FULL

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A17

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SAQMMAD8F4263

|  |   |   |                                |
|--|---|---|--------------------------------|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT   |   | 1. CONTRACT ID CODE   | RATING                         |
| 2. AMENDMENT/MODIFICATION NO.<br>MO01  | 3. EFFECTIVE DATE<br>09/10/2008   | 4. REQUISITION/PURCHASE REQ. NO.<br>AQ 1044805090   | 5. PROJECT NO. (if applicable) |
| 6. ISSUED BY<br>OFFICE OF ACQUISITION MANAGEMENT<br>(A/LM/AQM)<br>PO BOX 9115, ROSSLYN STATION<br>US DEPARTMENT OF STATE<br>ARLINGTON, VA 22219                | CODE<br>LMAQM<br>NAME<br>Cornelius Pfits<br>TEL.<br>703-876-6011<br>EMAIL<br>PfitsC@state.gov | 7. ADMINISTERED BY (if other than Item 6)   | CODE                           |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, country, state and ZIP Code)<br>STANLEY ASSOCIATES INC<br>3101 WILSON BLVD STE 700<br>ARLINGTON, VA 22201-4445 |   | 9. 9A. AMENDMENT OF SOLICITATION NO.<br>9B. DATED (SEE ITEM 11)<br>9C. MODIFICATION OF CONTRACT/ORDER NO.<br>SAQMMAD8F4263<br>9D. DATED (SEE ITEM 10)<br>04/11/2008 |                                |
| CONTACT Jonathan Barker<br>CODE 144202843  |   | DUNS 144202843  |                                |
| FACILITY CODE 99100  |   |   |                                |

## 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS.

☐ The above numbered solicitation is amended by set forth in Item 14. The hour and date specified for receipt of offers.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or its amendment, by one of the following methods: (a) By completing Item 5 and 15, and resubmitting copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. (By view of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided such telegram or letter makes reference to the solicitation and its amendment, and is received prior to the opening hour and date specified.)

12. ACCOUNTING AND APPROPRIATION DATA (if required)  
1900 - 2008 -- 18 XD1130009 - CA - 1044 - 4220 - 2589 --- CAR25L --- 289000

\$720,000.00

## 13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS: IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

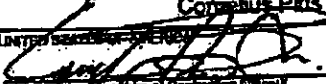
|           |  |
|-----------|--|
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT/ORDER NO. IN ITEM 10A.  |
|           | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in pricing office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.105(c). |
|           | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:   |
| X         | D. OTHER (Specify type of modification and authority)<br>Increase Funding  |

15. IMPORTANT: Consider ☒ is not, ☐ is required to sign this document and return completed document to:

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Completed by UCP section handling, including establishment contract subject matter where feasible.)

The purpose of this modification is to increase funding by \$720,000.00. The previous order total was \$1,000,000.00. The new order total is \$1,720,000.00.

Except as provided herein, all terms and conditions of this document referenced in Item 8A or 10A, as heretofore changed, remain unchanged and in full force and effect.

|   |  |
|---|--|
| 15A. NAME AND TITLE OF SIGNER (Type or print)                       | 15B. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)<br>Cornelius Pfits  |
| 15C. DATE SIGNED  | 15D. LIMITED SIGNATURE OF CONTRACTING OFFICER<br>By  |
| 15E. CONTRACTOR/OFFEROR<br>(Signature of person authorized to sign) | 15F. DATE SIGNED<br>09/10/2008   |

NSN 7540-01-103-9076  
Previous edition obsolete.

STANDARD FORM 30 (REV. 10-83)  
Prescribed by GSA FPMR (41 CFR) 101-11.6

UNITED STATES DEPARTMENT OF STATE  
REVIEW AUTHORITY: CHARLES E LAHIGUERA  
DATE/CASE ID: 17 SEP 2010 200702174

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SACMMA08F4283

| Line Item<br>Summary            | Contract Number:<br>SACMMA08D0051   | Order Number:<br>SACMMA08F4283 | Title: Stanley Task 5 |                      | Total Funding Change:<br>\$720,000.00 | Date of Order:<br>09/10/2008                     |  |
|---------------------------------|---|--------------------------------|-----------------------|----------------------|---------------------------------------|--|--|
| Line Item<br>No.                | Description   |                                |                       | Quantity             | Unit                                  | Unit Price                                       | Total Cost                                       |
|                                 | Provide incremental funding in the amount of \$720,000.00 to cover services for the period covering March 20, 2008 through March 19, 2009 for Task 5 as follows:  |                                |                       |                      |                                       |  |  |
| 001                             | Base Year for Passport Services Domestic Support<br>Contract No. SACMMA08D0051 period of performance through March 19, 2009 for Task 5 Business Process:<br>Support Training, Clin No. 0008.<br>Doc Ref No: 1044805090<br>Taxes Included:<br>Delivery Date:                      (Start to End) Date                      FOB:<br>03/20/2008                      03/20/2008 to 03/19/2008                      Destination<br>Funding Information:<br>Accounting Ref: 1044805090<br>Original Total: \$1,000,000.00<br>Change Total: \$0.00<br>\$1,000,000.00<br>Accounting Ref: 1044805090<br>Original Total: \$0.00<br>Change Total: \$500,000.00<br>\$500,000.00 |                                |                       | 1.00<br>0.00<br>1.00 | LT                                    | \$1,000,000.00<br>\$500,000.00<br>\$1,500,000.00 | \$1,000,000.00<br>\$500,000.00<br>\$1,500,000.00 |
| 002                             | Travel (CLIN 0009)<br>Doc Ref No: 1044805090<br>Taxes Included:<br>Delivery Date:                      FOB:<br>08/29/2008                      Destination<br>Funding Information:<br>Accounting Ref: 1044805090<br>Original Total: \$0.00<br>Change Total: \$220,000.00<br>\$220,000.00  |                                |                       | 0.00<br>1.00<br>1.00 | LT                                    | \$0.00<br>\$220,000.00<br>\$220,000.00           | \$0.00<br>\$220,000.00<br>\$220,000.00           |
| GTM for this effort: Amy Benson |   |                                |                       |                      |                                       |  |  |
|                                 |   |                                |                       |                      |                                       |  |  |
|                                 |   |                                |                       | Previous Total:      |                                       | \$1,000,000.00                                   |  |
|                                 |   |                                |                       | Modification Total:  |                                       | \$720,000.00                                     |  |
|                                 |   |                                |                       | Grand Total:         |                                       | \$1,720,000.00                                   |  |

Exhibits and Attachments TOC

| Identifier | Title   | Date       | Number of Pages |
|------------|---|------------|-----------------|
| 1          | AC-1044805090-03212008104826529/stanley/March2008.pdf | 03/21/2008 | 0               |

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01INV Invoice Instructions

12/21/2007

## Instructions for invoice payment:

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server, toll-free number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

To constitute a proper invoice, the invoice must include the following information and/or attached documentation: (1) Name and Address of the Contractor

- (2) Dun and Brad Street Universal Number System (DUNS)
- (3) Date of invoice
- (4) Unique Vendor Invoice Number
- (5) Remittance Contact Information
- (6) Shipping Terms, Ship to Address
- (7) Payment Terms
- (8) Total Quantity of Items
- (9) Total Invoice Amount
- (10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
- (11) Order line item number and information, see below line item information instructions.

The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

**IMPORTANT:** For proper payment, the invoice must detail products and/or services delivered on a line item basis in direct accordance with the corresponding order/award/contract. Each line item must contain the following information:

- (1) Description of the services rendered for each line item
- (2) Line Item Quantity
- (3) Line Item Unit Price
- (4) Total Line Item Invoicing Amount
- (5) Delivery Date
- (6) Contract Line Item Number (CLIN)
- (7) Order/Award Line Item Number if invoicing against a task or delivery order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or GSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30 days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name: U.S. Department of State

Global Financial Services

Attn: Office of Claims (RM/GFS/F/C)

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Charleston Financial Service Center

Mailing Address:

Post Office Box 150008

Charleston, SC 29415-5008

Telephone Numbers:

Voice 843-202-3761

Fax 843-746-0749

Person to Contact: Mike Washington, Office of Claims

Email: WashingtonM@state.gov

Phone: 843-202-3761

To request Payment Status on a Past Due Invoice contact: Office of Claims Customer Service

Email: commercialclaims@state.gov Phone: 877-704-9473 Toll Free

(End of clause)

G-003

This Terms and Conditions of the Prompt Payment Act

07/02/2007

The terms and conditions of the Prompt Payment Act (P.L. 97-177 as amended) and OMB Circular A-125 as amended, FOB destination, are applicable to this order. The vendor should expect payment within thirty (30) calendar days after receipt of the vendor's invoice by the Department of State for the purposes of determining a payment due date and the date on which interest will begin to accrue, an invoice shall be deemed to be received on the later of (1) the date a proper invoice is actually received by the Department of State designated billing office, or (2) the seventh day after the date on which the property is actually delivered or performance of the services is actually completed.

(end of clause)

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